



Atty. Dkt. No. 060925-0402

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: H. Michael SHEPARD et al.

Title: ENZYME CATAZYIZED
THERAPEUTIC AGENTS

Appl. No.: 09/782,721

Filing Date: 2/12/2001

Examiner: Crane, Lawrence E.

Art Unit: 1623

Conf. No.: 5394

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date below.

Esther Lily C. Esguerra
(Printed Name)

(Signature)

August 22, 2006
(Date of Deposit)

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

The fee required for additional claims is calculated below:

	Claims As Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	25	-	36	= 0 x \$50.00	= \$0.00
Independent Claims:	1	-	3	= 0 x \$200.00	= \$0.00
				0	
First presentation of any Multiple Dependent Claims:			+ \$360.00	= \$0.00	
			0		
			CLAIMS FEE TOTAL	=	\$0.00

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[X] Extension for response filed within the third month:	\$1,020.00	\$1,020.00
EXTENSION FEE TOTAL:		<u>\$1,020.00</u>
[] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		<u>\$1,020.00</u>
[X] Small Entity Fees Apply (subtract ½ of above):		\$510.00
Extension Fees Previously Paid:		<u>\$0.00</u>
TOTAL FEE:		<u>\$510.00</u>

A credit card payment form in the amount of \$510.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

By Antoinette F. Konski

Date: August 22, 2006

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